

**THUNDER ISLAND  
ARCHITECTURAL VARIANCE FORM**

Mail To: Architectural and By-Law Variance Form  
c/o Mana-Jit  
18 41st Street, Suite # 104  
Ocean City, MD 21842

Name: \_\_\_\_\_ Thunder Island Unit: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Date submitted: \_\_\_\_\_ Date received: \_\_\_\_\_

Signatures:  
Mana-Jit: \_\_\_\_\_ Board: \_\_\_\_\_

Check any one that applies:

\_\_\_\_\_ I request that the Board of Directors grant me an architectural variance to a common element or a limited common element for the following changes, alterations, renovations, additions, and/or removals. This includes windows, sliders and patio shades. I am aware that no external changes in the building or in the area surrounding the building shall be made by the unit owner, without approval of the Board of Directors. (Article XI, Sections 1 & 2). **Describe below.**

\_\_\_\_\_ I am Informing the Board of a modernization in my unit that involves changes in the electrical or plumbing systems. It will conform to all codes, will not result in the removal of a load bearing wall and will not impact any other unit owner. Describe below or on a separate sheet. (Cosmetic changes such as resurfacing tubs, carpet installation, etc. do not have to be reported.)

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Please attach a detailed (to scale) sketch or blueprint of your plan(s) in duplicate.

Is this an amendment to a previous request? \_\_\_ If yes, provide a copy of the previous request.

I understand that under the Declaration and By-Laws, the Review Committee will act on the request with a written response of their decision. I further understand and agree to the provisions which follow:

1. No work or continuance of work will be made by me until I have received a written response of the committee's decision.
2. All work and all future upkeep will be at my expense.
3. All work will be done expeditiously and professionally by a licensed contractor. The licensed contractor shall be required to be licensed in the State of Maryland and provide a license number. Proof of liability insurance is required.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
5. I assume all liability and will be responsible for all damages, injury and cleanup which may result from the performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected to this work.
7. I will comply with, all applicable federal, state, and local laws, codes, regulations, and requirements in connection with this work, and I will obtain any necessary permits and approvals for the work.

8. The licensed contractor(s) is(are):

Contractor (1): \_\_\_\_\_ / MD License #: \_\_\_\_\_  
Contractor (2): \_\_\_\_\_ / MD License #: \_\_\_\_\_  
Contractor (3): \_\_\_\_\_ / MD License #: \_\_\_\_\_

9. The work should start on or about \_\_\_\_\_ and be completed by \_\_\_\_\_.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date